

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

..... Rejected N ..... Non-elected  
 ..... Allowed I ..... Interference  
 (Through numeral)..... Canceled A ..... Appeal  
 ..... Restricted O ..... Objected

Claim	Date
Final	
Original	
1	5/1/84
2	5/1/84
3	5/1/84
4	5/1/84
5	5/1/84
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50	5/1/84

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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